

## CAMPAIGN FINANCE STATEMENT

Rec'd 6/18/15 JZ

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER N/A		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST TIM DALEY								
STREET ADDRESS 2006 STEUBEN ROAD								
CITY READING			STATE PA			ZIP CODE 19602		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
1. 6TH TUESDAY PRE-PRIMARY		MAYOR OF READING			DEMO	MO.	DAY	YEAR
2. 2ND FRIDAY PRE-PRIMARY						05	19	2015
3. 30 DAY POST-PRIMARY								
4. 6TH TUESDAY PRE-ELECTION								
5. 2ND FRIDAY PRE-ELECTION								
6. 30 DAY POST-ELECTION								
7. ANNUAL REPORT								
		DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR
				05 05 15				06 08 15
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0				
		AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>	
		TERMINATION REPORT?		YES	<input checked="" type="checkbox"/>	NO		
		FOR OFFICE USE ONLY						

## AFFIDAVIT SECTION

## PART 1-

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS			
--- DAY OF --- 20---		SIGNATURE OF PERSON SUBMITTING REPORT	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES		AREA CODE DAYTIME TELEPHONE NUMBER	
MO.	DAY	YR.	

## PART 11-

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.			
COMMONWEALTH OF PENNSYLVANIA			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		NOTARIAL SEAL	
15 <sup>th</sup> DAY OF June		BRITTANY E. NYE	
SIGNATURE		SIGNATURE OF CANDIDATE	
MY COMMISSION EXPIRES		PRINTED NAME	
MO.	DAY	YR.	
07	23	2015	
AREA CODE		DAYTIME TELEPHONE NUMBER	
610		823-9849	

Berks County - Election Services

633 Court Street - Reading, PA 19601 - (610) 478-6490

The accompanying Commonwealth of Pennsylvania Campaign Finance Report (DSEB - 502) has been prepared by George Tomasi, CPA. I have prepared the report in its prescribed form in my capacity as campaign treasurer for Friends of Tim Daley. The report covers the period from the date of inception May 5, 2015 to June 8, 2015. The prescribed form is in accordance with the requirements of the Department of State, Commonwealth of Pennsylvania.

George Tomasi, CPA

*George Tomasi CPA*

June 11, 2015

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Friends of Tim Daley	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Tim Daley							
Street Address	2006 Steuben Road							
City	Reading	State	PA	Zip Code	19602			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/19/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/05/2015	06/08/2015	
A. Amount Brought Forward From Last Report	\$	7681.05	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1295.00	
C. Total Funds Available (Sum of Lines A and B)	\$	8976.05	
D. Total Expenditures (From Schedule III)	\$	8976.05	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	50.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

## Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

15 <sup>th</sup> day of June 20 15	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL BRITTANY L NYE Notary Public READING CITY, BERKS COUNTY My Commission Expires Jul 23, 2015	Signature of Person Submitting report George Tomasi Printed Name
My Commission expires 07 23 2015 MO. DAY YR.	Area Code 610	Daytime Telephone Number 898-7900

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

15 <sup>th</sup> day of June 20 15	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL BRITTANY L NYE Notary Public READING CITY, BERKS COUNTY My Commission Expires Jul 23, 2015	Signature of Candidate Timothy J. Daley Printed Name
My Commission expires 07 23 2015 MO. DAY YR.	Area Code 610	Daytime Telephone Number 823-9849

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		Friends of Tim Daley					
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Full Name of Contributor		Richard Ehst			Date [MM/DD/YYYY]	\$	250.00
					06/03/2015		
House #		Street Address	1309 East Wyomissing Blvd.			Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19611	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Dominic A. Gallo			Date [MM/DD/YYYY]	\$	250.00
					06/03/2015		
House #		Street Address	700 Mercer St.			Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19601-1340	Date [MM/DD/YYYY]	\$
Full Name of Contributor		William G. Koch			Date [MM/DD/YYYY]	\$	100.00
					06/03/2015		
House #		Street Address	205 Gaul Rd.			Date [MM/DD/YYYY]	\$
City	Sinking Spring	State	PA	Zip Code	19608-9719	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Robert M. Keegan			Date [MM/DD/YYYY]	\$	250.00
					05/15/2015		
House #		Street Address	65 Campbell Dr.			Date [MM/DD/YYYY]	\$
City	Doylestown	State	PA	Zip Code	18901	Date [MM/DD/YYYY]	\$
Full Name of Contributor		William C. Long			Date [MM/DD/YYYY]	\$	195.00
					05/15/2015		
House #		Street Address	8 Pine Woods Ct.			Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19607-3360	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

## SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:	Friends of Tim Daley
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 50.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 50.00
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SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number	Friends of Tim Daley
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	250.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	1,045.00
Total for the reporting period (2)	\$	1,045.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	1,295.00

SCHEDULE III  
Statement of Expenditures

Filer Identification Number		Friends of Tim Daley							
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To Whom Paid		Margaret A. Lawlor				Date [MM/DD/YYYY]		\$	9.80
		05/13/2015							
House #		Street Address	219-B North 14th Street			Description of Expenditure			
City	Reading	State	PA	Zip Code	19604	Stamps for campaign mailing			

  

To Whom Paid		Margaret A. Lawlor				Date [MM/DD/YYYY]		\$	19.60
		05/13/2015							
House #		Street Address	219-B North 14th Street			Description of Expenditure			
City	Reading	State	PA	Zip Code	19604	Stamps for absentee ballot mailing			

  

To Whom Paid		Margaret A. Lawlor				Date [MM/DD/YYYY]		\$	49.00
		05/13/2015							
House #		Street Address	219-B North 14th Street			Description of Expenditure			
City	Reading	State	PA	Zip Code	19604	Stamps for absentee ballot mailing			

  

To Whom Paid		Margaret A. Lawlor				Date [MM/DD/YYYY]		\$	24.99
		05/13/2015							
House #		Street Address	219-B North 14th Street			Description of Expenditure			
City	Reading	State	PA	Zip Code	19604	Cookie tray for Senior High Rise			

  

To Whom Paid		Dan Simrell Advertising				Date [MM/DD/YYYY]		\$	281.18
		05/11/2015							
House #		Street Address	630 Jefferson Avenue			Description of Expenditure			
City	Scranton	State	PA	Zip Code	18510	Palm cards for advertising			

  

To Whom Paid		Carolyn R. Holleran				Date [MM/DD/YYYY]		\$	2600.00
		05/14/2015							
House #		Street Address	1740 Van Reed Road			Description of Expenditure			
City	Sinking Spring	State	PA	Zip Code	19608	Returned contribution			

  

To Whom Paid		Dan Simrell Advertising				Date [MM/DD/YYYY]		\$	2362.81
		05/15/2015							
House #		Street Address	630 Jefferson Avenue			Description of Expenditure			
City	Scranton	State	PA	Zip Code	18510	Direct mail advertising			

  

To Whom Paid		Margaret Lawlor				Date [MM/DD/YYYY]		\$	13.00
		05/15/2015							
House #		Street Address	219-B North 14th Street			Description of Expenditure			
City	Reading	State	PA	Zip Code	19604	Notary fees			

**SCHEDULE III**

Filer Identification Number:		Friends of Tim Daley									
To Whom Paid		Margaret A. Lawlor					Date [MM/DD/YYYY]		\$	15.00	
							05/15/2015				
House #		Street Address		219-B North 14th Street					Description of Expenditure		
City		Reading		State		PA		Zip Code		19604	
										Flowers for campaign advertising	
To Whom Paid		Margaret A. Lawlor					Date [MM/DD/YYYY]		\$	19.08	
							05/15/2015				
House #		Street Address		219-B North 14th Street					Description of Expenditure		
City		Reading		State		PA		Zip Code		19604	
										Flowers for campaign advertising	
To Whom Paid		Margaret A. Lawlor					Date [MM/DD/YYYY]		\$	59.99	
							05/15/2015				
House #		Street Address		219-B North 14th Street					Description of Expenditure		
City		Reading		State		PA		Zip Code		19604	
										Office supplies	
To Whom Paid		Margaret A. Lawlor					Date [MM/DD/YYYY]		\$	113.84	
							05/15/2015				
House #		Street Address		219-B North 14th Street					Description of Expenditure		
City		Reading		State		PA		Zip Code		19604	
										Bingo markers for advertising	
To Whom Paid		The Peanut Bar					Date [MM/DD/YYYY]		\$	1022.00	
							05/19/2015				
House #		Street Address		332 Penn Street					Description of Expenditure		
City		Reading		State		PA		Zip Code		19602	
										Volunteer thank-you	
To Whom Paid		Margaret A. Lawlor					Date [MM/DD/YYYY]		\$	58.38	
							05/29/2015				
House #		Street Address		219-B North 14th Street					Description of Expenditure		
City		Reading		State		PA		Zip Code		19604	
										Printer ink	
To Whom Paid		Margaret A. Lawlor					Date [MM/DD/YYYY]		\$	34.62	
							05/29/2015				
House #		Street Address		219-B North 14th Street					Description of Expenditure		
City		Reading		State		PA		Zip Code		19604	
										Printer ink and paper	
To Whom Paid		Brittany Nye					Date [MM/DD/YYYY]		\$	10.00	
							06/08/15				
House #		Street Address		38 North 6th Street					Description of Expenditure		
City		Reading		State		PA		Zip Code		19601	
										Notary Fee	



SCHEDULE III  
**Statement of Expenditures**

Filer Identification Number:	Friends of Tim Daley
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To Whom Paid		Marge A. Lawlor				Date [MM/DD/YYYY]		\$	2282.76
House #		Street Address				Description of Expenditure			
City		Reading		State		PA		Zip Code	
						19604		Campaign Mgmnt Fee	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State				Zip Code	
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City				State				Zip Code	

**SCHEDULE IV**

**Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	Friends of Tim Daley
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	None
City			State		Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							